HITECH LAW & HIPAA SECURITY RULE Policy — Risk Management Analysis EMPLOYEE TRAINING ACKNOWLEDGEMENT

In signing this document I declare that I have been fully trained and understand the materials and steps necessary to carry out and enforce the Risk Management Analysis HITECH LAW Policies and Practices for this facility. I will fully abide by these practices in accordance with our Administrator and Federal law.

Printed Name	Signature	Date



HIPAA Risk Assessment & Management Analysis + HITECH LAW / HIPAA Security Rule Policy EMPLOYEE TRAINING ACKNOWLEDGEMENT

In signing this document, I declare that I have been fully trained understand the materials and steps necessary to carry out and enforce the Risk Management & Risk Analysis Policies & Privacy/Security Practices in accordance with the HIPAA Omnibus Rules (to include HITECH LAW of 2010) for this facility. I will fully abide by these practices in accordance with our Administrator and Federal Law. I understand that HIPAA Laws & Technology changes; I will participate and uphold updates for this office as management deems necessary.

Printed Name	Signature	Date

